



Annual Report 2013

Contents

Letter from the President and the Director.....	4
Our vision, mission and members.....	6
Top achievements for 2013.....	10
• Human and civil rights of people with mental health problem	
• High level lobbying: Mental health, a mainstream component of European and national policies	
• Youth and employment Campaign	
• Access for all to quality mental health care	
• MHE: An organisation with a proactive approach	
Communicating Mental Health.....	19
Financial report for 2013.....	22
Who is Who in Mental Health Europe.....	24

Letter from the President and the Director



Dear reader,

The year 2013 was successful, both in terms of achievements and new initiatives. It was the last of the three year Youth (un)employment campaign, promoting the Individual Placement and Support (IPS) method which culminated in a final event at the European Parliament. A short video was also produced which highlights the method further in an easily accessible and appealing way. MHE is proud to be the pioneering organisation among the Brussels-based NGOs to make use of video advocacy and we know that we reach out to an even larger audience thanks to it.

We also increased the number of capacity-building activities targeting our membership. We organised two training seminars for our National Focal Points and two seminars aimed at public authorities to support their work on implementing de-institutionalisation strategies at national level. Our communication strategy produced some positive results, including a brand new website and more short advocacy videos on top of our regular work which includes press releases, articles in mainstream and specialised media, position papers, etc.

A new task force was established following the publication of the fifth version of the Diagnostic and Statistical Manual of Mental Disorders ("DSM V"). Its work aims to implement the social model of mental health instead of the currently prevailing biomedical model. Other task forces on Active Ageing and Social Inclusion of Vulnerable Groups have now completed their mandates by producing important policy papers.

The UN Convention on the Rights of Persons with Disabilities (hereafter the 'Convention') forms the basis of all our work. In 2013, we were particularly active in supporting the implementation of certain rights under the Convention, specifically those relating to legal capacity, de-institutionalisation, awareness raising and the right to not be subjected to forced treatment. These rights still cannot be taken for granted for persons with mental health problems (or psychosocial disabilities, which is the terminology used by the Convention).

The financial crisis has created more barriers to their implementation, leading to cuts in health and social care services and benefits across the EU, reduced funding for NGOs working in the field of mental health and an increase in unemployment. This has had a detrimental impact on people's mental health and has even led to a significant increase in suicide rates in some countries.

It is thus more important than ever to continue our work tirelessly in order to reach our vision: a Europe where people with mental health problems live as full citizens with access to appropriate services and support, where positive mental health and well-being are given high priority in the political spectrum and on the European health and social agenda, and where meaningful participation is guaranteed at all levels of decision-making.

Nigel Henderson, MHE President

Maria Nyman, MHE Director

1

Our vision, mission and members

Our vision

Mental Health Europe envisions a Europe where people with mental health problems live as full citizens with access to appropriate services and support, where positive mental health and well-being are given high priority in the political spectrum and on the European health and social agenda, and where meaningful participation is guaranteed at all levels of decision-making.

Our mission

MHE's mission is to ensure that mental health is on the agenda of European decision makers and stakeholders as they develop and implement policies that have impact on the lives of European citizens. Mental Health Europe is committed to the promotion of positive mental health and well-being, the prevention of mental health problems, the improvement of mental health care, social inclusion and the protection of the human rights of (former) users of mental health services and their families and carers within Europe.

Our members

Mental Health Europe represents associations and organisations active in the field of mental health at

European, National, regional and local level. This includes NGOs,(ex)users of mental health services, their families and carers, professionals, research and educational institutions and volunteers. We have three membership categories: full, supporting and individual members. The following list includes full and supporting members.

MHE members in 2013

Austria

Pro Mente Austria

Belgium

CAW Artevelde vzw
Centre de Référence en Santé Mentale (Crésam)
Federatie van diensten voor geestelijke gezondheidszorg (FDGG)
Fédération des Institutions Hospitalières de Wallonie (FiH)
Vlaamse Vereniging voor Geestelijke Gezondheid (VGGG)
Zorgnet Vlaanderen
Psychiatrisch Centrum Gent-Sleidinge (PCGS)
Hand in Hand vzw

Croatia

Sjaj (Shine) - Association for Social Promotion of People with Mental Disabilities
Susret - Association for Psychological Support

Sto Koluri Split - Croatian Association for Psychosocial Wellbeing

Cyprus

Kinsi Proaspisis Dikeomaton Psychik Asthenon (KY.PRO.DI.PS.A) - Advocacy Group for the Mentally Ill

Czech Republic

Fokus

Denmark

Sind - Danish Association for Mental Health Projekt Udenfor

Estonia

Estonian Mental Health Association

Finland

Finnish Association for Mental Health
Finnish Central Association for Mental Health (MTKL)
National Institute for Health and Welfare

(Terveyden ja hyvinvoinnin laitos - THL)

France

Advocacy France
CEMEA
France-Dépression

Germany

Bundeszentrale fuer Gesundheitliche Aufklaerung (BzgA)
Dachverband Gemeindepsychiatrie
Deutsche Gesellschaft fuer Soziale Psychiatrie (DGSP)
Bundespsychotherapeutenkammer (BptK)
Verband psychiatrischer Rehabilitationseinrichtungen Deutschlands (VpRD)

Greece

Mental Health Institute for Children and Adults (M.H.I.C.A.)
Society of Social Psychiatry and Mental Health
KINAPSI - Athens Siblings
SOPSI Patras



Concentrated members from Austria and Germany together with MHE Acting Director and User Evaluator



Latvian and Estonian members listen to the discussions at National Focal Point Training.

Hungary

Pszichiatrai Erdekvedelmi Forum -
Mental Health Interest Forum Way Out –
Psychiatric Self Help Association

Ireland

Mental Health Ireland

Israel

Makshivim Net

Italy

Associazione Italiana per la
Salute Mentale (AISME)

Latvia

Skalbes

Lithuania

Global Initiative on Psychiatry
State Mental Health Centre

Luxembourg

Réseau Psy - Psychesch Hellef Dobaussen asbl

Malta

Friends of Mount Carmel Hospital Society

Netherlands

GGZ Nederland Landelijk Platform GGZ
Stichting Fonds
Psychische Gezondheid
RINO Noord-Holland

Norway

Voksne for Barn (Adults for Children)

Poland

Coalition for Mental Health

Portugal

ARIA - Associacao de Reabilitacao e Intergracao
Ajuda

Romania

Estuar
Romanian League for Mental Health

Serbia

KRUGOVI
Herc Association for supporting people with neuroses

Slovakia

Open the Doors, Open your Hearts (ODOS)
Slovak League for Mental Health

Slovenia

SENT, Slovenian Association for Mental Health

Spain

Asociacion Espanola de Neuropsiquiatria (AEN)
Confederacion Agrupaciones de
Familiares y Personas con Enfermedades
Mentales (FEAFES)
Fundacion Intrass
Fundacion Mundo Bipolar

Asociacion Nacional de Enfermeria en Salud Mental

Sweden

Mind Sweden

United Kingdom

Mind
Northern Ireland Association
for Mental Health (NIAMH)
Penumbra
The British Psychological Society
Psychological Support Group Gibraltar

European Organizations

ADHD Europe
European Association of Behavioural
and Cognitive Therapy (EABTC)
European Depression Association
European Assertive Outreach Foundation
Horatio - European Psychiatric Nurses
MeTIS Europe
SMES-Europa aisbl



Pavao Akrap from Croatia and Pino Pini from Italy have a nice chat during the break of the MHE capacity-building seminar

2

Top achievements for 2013

This section presents the main achievements of Mental Health Europe (MHE) in 2013 and how the organisation has met them by implementing strategic goals.

1. Human and civil rights of people with mental health problems

As everyday accounts from user and survivor organisations tell us, there is still a great deal of work to be done in order for the human and civil

rights of people with mental health problems to be fully respected and implemented in Europe. The UN Convention on the Rights of Persons with Disabilities (UN CRPD) plays an important part in this change of attitude and practice and it is being implemented by legislation and policies in every Member State of the EU and beyond. Progress, although admittedly slow, is being made and the existence of appropriate mechanisms to deal with infringements of these human rights is encouraging.



MHE Senior Policy Adviser Bob Grove and Nessa Childers MEP at the European Parliament event on the IPS method.

1.1. MHE on de-institutionalisation

De-institutionalisation is a growing area of work for MHE. International and European legislation and policies aim to not only end the institutionalisation of persons with mental health problems but also to encourage the early transfer of those still living in institutions into community settings.

- MHE is a prominent partner of the **European Expert Group on de-institutionalisation (EEG)**, a coalition of non-governmental organisations (NGOs) representing people with disabilities, people with mental health problems and organisations representing the interests of children and older adults. Other partners include service providers, public authorities and intergovernmental organisations.

The EEG has been promoting deinstitutionalisation (DI) through a series of seminars and publications. As an active partner of the EEG, MHE organised and co-chaired some of the European seminars, in Hungary and in Slovenia. These were based on two important documents published at the end of 2012, **guidelines** and a **toolkit**.

The long awaited **Common European Guidelines**

on the Transition from Institutional to Community-based Care ('the Guidelines') were developed with the aim of providing practical advice on how to make a sustained transition from institutional care to family and community-based alternatives for individuals currently living institutions, and for those living in the community often without adequate support. The Guidelines are based on European and international best practice and are aimed primarily at policy and decision makers in the European Union.

The **Toolkit on Structural Funds** was developed to support the aims of the Guidelines. Specifically it was designed to assist public authorities in Europe involved in the programming and implementation of EU Structural Funds appropriately, so that all individuals with support needs can live independently and participate in their communities. Both documents are available in a variety of European languages.

MHE events on de-institutionalisation

As a further instance of its commitment to this important topic, MHE organised two seminars on DI, specifically aimed at promoting the transformation



Acting Director Karina Huberman was part of the Social Platform delegation meeting with Commissioner Andor.



MHE video on de-institutionalisation

from institutional to community-based care.

The first event, in Bucharest (Romania), “Fostering change in Romania - From institutionalization to community services for people with mental health problems”, was organised in partnership with MHE member Estuar Foundation. It brought together representatives from public authorities, mental health professionals from the public and voluntary sectors, users and ex-users of psychiatry and specialists from MHE.

The second event, in Zagreb (Croatia), was organised with the support of MHE member SUSRET and offered targeted training aimed at people at decision-making level and public authorities. It focused on good practice, obstacles and pitfalls in the implementation of DI and looked at the cost/benefit implications of doing DI. This opened the discussion about a strategy plan for accelerating the process of DI in Romania.

Both events were well attended and received positive feedback.



Policy Officer Olga Kozhaeva and Kinga Göncz MEP

MHE video on de-institutionalisation

A very popular short documentary describing the experiences of living in psychiatric institutions was produced by MHE which complement its work on DI. It was produced in partnership with Hungarian Civil Liberties Union and filmed in Gent, Belgium, in Villa Voortman. The Villa is a non-traditional, non-medical model mental health service where residents are fully involved in the activities of the house. This is advocacy in action, with real people, talking as experts by experience about what facilitates or creates barriers to meaningful care and positive change.

1.2. Supporting users and ex-users of Psychiatry: European Network of (ex) Users and Survivors of Psychiatry seminar

As part of its commitment to empower persons experiencing mental health problems, MHE is glad to report that it was able to support a seminar organised by the European Network of (ex) Users and Survivors of Psychiatry (ENUSP), held over three days in Bucharest and in partnership with the Romanian NGO Orizontori Foundation. The theme was “Strategy for Empowerment” and focused on “key areas for action”. This was an opportunity for attendees to review ENUSP’s progress and work programme, identify challenges as well as undertake new activities. One of the most exciting outcomes of the seminar was the creation of working groups set up to tackle priorities identified in the sessions, for instance communication and fund raising. ENUSP is looking to organise its next General Assembly (GA) in December (2014) in Denmark, 20 years after its first GA there.

2. High level lobbying: Mental health, a mainstream component of European and national policies

Mental health is meant to be a mainstream component of all European and national level policies and practices, taking into account the gender, age and cultural perspectives of individuals and communities. Consequently, mental health must be considered when developing new strategies, initiatives and reforms in the areas of

employment, health and social care, housing and leisure, to name but a few. The aim is to ensure that no new or existing European policies leads to the deterioration of the mental health of communities and individuals, and to safeguard the equal rights and opportunities of persons with (a history of) mental health experiences. To this end, MHE engaged in high level lobbying:

Meeting with European Commissioner for Health and Consumer Policy Tonio Borg

A MHE delegation met with Commissioner Borg in a bi-lateral meeting to present its work on supporting young people with mental health problems, including those with more enduring and severe issues, into quality employment and meaningful activities. The Commissioner was very interested in the Individual Placement and Support (IPS) approach actively promoted by MHE which is gaining support in many countries for its quality and positive results.

Meeting with European Commissioner for Social Affairs and Inclusion László Andor

As part of a delegation of the Social Platform, MHE attended a meeting with Commissioner Andor which addressed the European Semester policy coordination process as well as the newly launched Social Dimension of the Economic and Monetary Union (EMU). Specifically MHE was interested in the **Social Investment Package** (SIP), a series of non-binding documents adopted by the European Commission (EC) in 2013 as a response to the economic crisis which is affecting people who are subject to “poor health conditions and discrimination”, creating a potential threat to the aims of the EU2020 commitment. The discussions provided a unique opportunity for MHE to promote positive mental health and the inclusion of people with mental health problems under the SIP initiative.

Speaking at the Lithuanian Presidency conference

MHE took part in a conference in Vilnius organised under the Lithuanian Presidency of the Council of

the European Union on the theme “Mental Health: Challenges and Possibilities”. The event aimed at promoting the implementation of the European Pact for Mental Health and Well-Being. MHE presented on the topic of recovery, more specifically on the shift across Europe to a person-centred and recovery-oriented approach that recognises people with lived experience as experts in their own well-being.

MHE became collaborating partners of the Joint Action for Mental Health and Wellbeing

The follow up to the European Pact on Mental Health and Well-Being is the **Joint Action for Mental Health and Well-Being** (‘Joint Action’) of which MHE is now a collaborating partner. The role of MHE in this new initiative is to work with partners to foster a better understanding and knowledge of the achievements and limitations of the current EU and national policies and programmes, and to share best practices on the

two of the five key areas of the Joint Action, namely the transition from institutional to community care/DI (work package 5) and strengthening the links between mental health and other policy areas (work package 8).

MHE also encouraged its members to share experiences and knowledge on good practice and supportive policies in the many activities and discussions which were organised over the course of the year to support the Joint Action. In relation to de-institutionalisation MHE gave a presentation on its publication Mapping Exclusion at the meeting of the **National Governmental Experts**, organised by the European Commission and which focused on the Joint Action.

MHE represented in EDF and EPHA Board of Directors

Mental Health Europe is proud to have been elected



Carl von Essen from Mind Sweden makes a presentation at the seminar for National Focal Point In Brussels.

to the boards of two leading European organisations:

- The European Public Health Alliance (EPHA) which brings together public health organisations representing health professionals, patients groups, health promotion and disease specific NGOs, academic groupings and other health associations. Mental Health Europe is a long-standing member of EPHA, with whom it often collaborates.

- MHE continues to have a high level representation in the European Disability Forum (EDF), the European organisation for people with disabilities. MHE had previously been represented by Senior Policy Adviser Josée Van Remoortel, who was also a co-founder of European Disability Forum.

National Reform Programmes

Each year member states of the European Union submit to the European Commission a national reform programme, which reports on implementation of the Europe 2020 Strategy in national policies, undertakings implemented and

progress achieved over the previous year, as well as a description of planned measures. The process must involve civil society and the reporting must reflect the overarching priorities for the European semester.

MHE published its annual report based on the data collected through a survey of its National Focal Points (NFPs) network of members (the civil society). The survey showed that there is considerable lack of involvement at country level in the European Semester. The main reasons underpinning this situation included: Perceived lack of government interest to involve civil society, lack of information about the process, lack of resources, different organisational priorities and structural or formal barriers. Based on the collected data, MHE’s report made strong recommendations, including, at national and (sub)national level : Awareness-raising on Europe 2020 and the European Semester; Encourage legally embedded consultation and accountability mechanisms; Promote transparent processes; Undertake long-term cooperation with and capacity-building of the NGO sector and stimulate exchange of good practices on



Policy Officer Yves Brand takes the floor at a European Parliament event organised by IF

multi-stakeholder cooperation on the European Semester.

3. Youth and employment

The Individual Placement Support (IPS) model

Supporting and getting young people who experience mental health problems is an area of great concern at European level. For the past couple of years, MHE has been campaigning to raise the issue, specifically through its “Tried and Tested” project which aims to promote the **IPS model**. This approach shows that people with mental health problems, including severe mental health problems, are able, with appropriate support, to achieve sustainable, competitive and meaningful employment. There was a final event at the **European Parliament** hosted by Nessa Childers, MEP which focused on the current European situation and highlighted examples of good practice. MHE presented its **documentary on IPS** which showcases how the model works in practice. Through a series of vignettes, it explores how IPS engages with a

variety of stakeholders, service users, mental health professionals, employers and managers of mental health services who talked about their experiences and understanding of the model.

4. Access for all to quality mental health care

The promotion of positive mental health and well-being and prevention, early detection and intervention of mental health problems is now common practice in many European countries. This is meant to be achieved through accessible, affordable, person-centred, recovery-focused and high-quality mental health care.

4.1 MHE highlights the situation of homeless people

There are people for whom, however, getting access to quality mental health care and achieving parity of esteem is fraught with barriers; this is still too often the case for homeless people. Lack of access to mental/ health services due to discrimination,

absence of adequate policy and practical solutions or social indifference, makes homeless people one of the most vulnerable and marginalised groups. This is incompatible with the core values of the European Union - human rights, solidarity and cohesion. MHE's Task Force on Social Inclusion of Vulnerable Groups, which includes practitioners working directly with homeless people, has been working and campaigning to raise this issue at European level in a number of ways:

- Publication of a comprehensive position paper on **“Access to services and extreme exclusion”**, which sums up the current situation in Europe and calls for a European Action Plan on Homelessness with a comprehensive mental health perspective to mobilize initiatives across Europe.
- MHE presented at the **Santé Mentale et Exclusion Sociale (SMES-Europa)** conference held in Rome, highlighting its work on de-institutionalisation, the IPS model and the Social Investment Package.
- MHE took part in a research project led by **European Public Health Alliance** on the impact of the economic crisis on access to publicly financed health services. Significantly in relation to homelessness, the research shows that “people who think they are likely to need to leave their accommodation because they can no longer afford it are more often at risk of poor mental health ... and this difference increased between 2007 and 2011”. MHE was involved in the chapter on “Access to care for those with mental health problems” in Luxembourg.
- Publication of a press release on **World Mental Health Day** addressing the issue of the physical health of persons with mental health problems.

5. MHE: An organisation with a proactive approach

One of the strengths of MHE resides in the work achieved by its specialist task forces and committees, as well as the training it offers its members.

5.1 Specialist work

The MHE task force **“Beyond the biomedical paradigm”** was busy in the year that saw the advent of the latest and controversial version of the Diagnostic Statistical Manual-V (or DSM-V) used by psychiatrists and health insurance systems in many countries. The group published a number of **press releases and articles** based on reflections and good practice examples highlighting and challenging the increased pathologisation and medication of life experiences to the detriment of tried and tested interventions based on person centeredness, dialogue and meaningful recovery. MHE urged the World Health Organisation to take account of these issues when it considers the next version of the International Classification of Diseases (ICD) as both the DSM and the ICD are very similar. This work resulted in MHE's **Bucharest Manifesto** which sums up the issues and makes strong recommendations for change. These include support for the sunshine legislation which calls for transparency in the ways that clinical research is funded, conducted and reported and on the marketing of psychiatric medication, focusing on the influence of the pharmaceutical industry in these domains.

5.2 Training

National Focal Point (NFP) Training:

MHE NFP members act as intermediaries between governments and National Reform Programmes, collecting and collating data and information. Every year, MHE's NFP training offers support with up-to-date European and technical issues. The 2013 NFP training was particularly rich and focused on de-institutionalisation, lobbying for the European elections and getting access to structural funds.

National Platform for Mental Health (NPMH):

The aim of NPMHs is to create a space where different perspectives (service users and ex-users, families, mental health practitioners and other interested



An MHE delegation meets with Health Commissioner Tonio Borg.

parties) are encouraged and empowered to come together to work collaboratively on issues of concern in psychiatry, with a particular focus on the voice of civil society. Ideally, strength in number makes it more difficult for governments to ignore issues put forward.

In 2013, four more countries (Sweden, Spain, Portugal, France) set up a NPMH. Each meeting had a different flavour, reflecting the national context. However there were common factors, including: a lot of good will and the expression of creative solutions; the difficulty of finding a common topic for all parties to agree on; the competition for recognition

and for increasingly scarce resources between different stakeholder groups, and the reluctance in some countries to get the input of NGOs properly acknowledged at government level and in policy development. MHE acknowledges that it will take time for each NPMH to find its mark and develop into a strong actor in their country.

De-institutionalisation (DI):

MHE was also proactive in offering training on DI, for instance at the Estuar Foundation conference in Bucharest.



Senior Policy Adviser Stijn Jannes in a lively discussion with President Nace Kovac.

3

Communicating mental health

- MHE's new website:

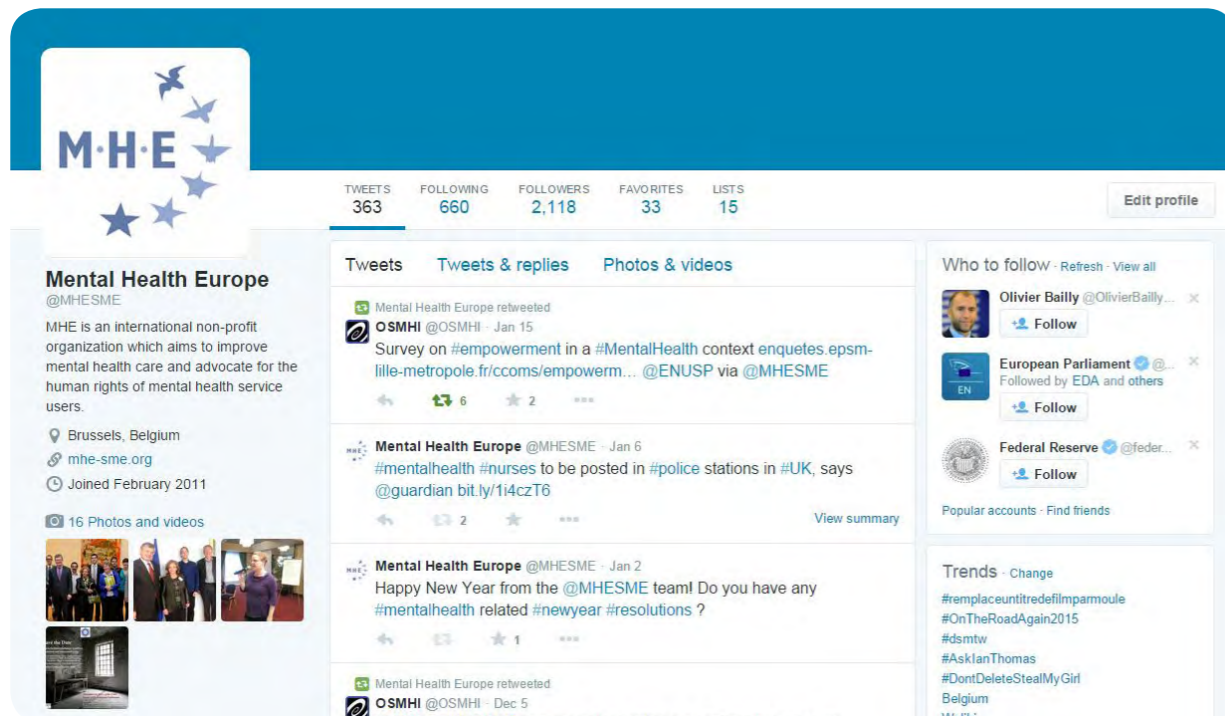
Same address, new improved look and feel! Throughout 2013, MHE worked on the redesign of its website while actively seeking the input of members. The new website streamlines access to information. The feedback so far has been very positive but MHE is happy to hear any sugges-

tions for improvement.

- MHE's Newsletter:

The Newsletter continues to be an important tool for MHE to keep its members informed and its format allows it to be easily printed. Nine issues were produced in 2013, mostly in English, with some issues published in French.

A snapshot of MHE's new interactive website.



MHE was actively communicating through social media in 2013.

- Social media:

MHE considerably increased its presence and visibility on social media. Figures for Facebook show a 50% increase in the number of supporters (almost 1500) and its Twitter account has over 2000 followers (@MHESME). This is very encouraging and demonstrates interest in as-live information from MHE.

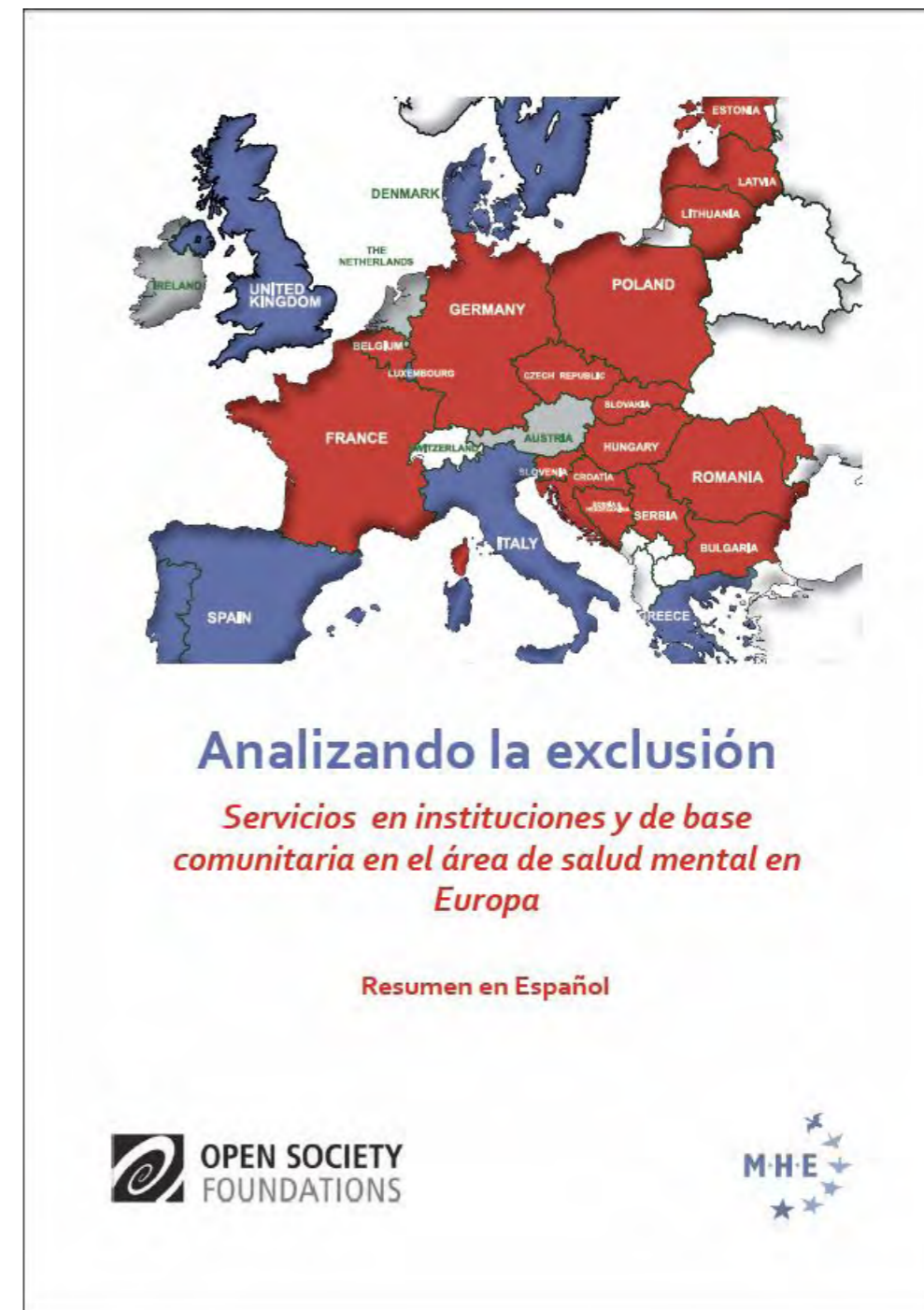
- Video advocacy:

Aside from the videos on youth employment and DI, MHE also produced a fascinating documentary on the Personal Ombudsman (PO) scheme

from Sweden which promotes supported decision making and is a successful alternative to guardianship. This model has been very successful since it was first implemented in 1995 and has received international acclaim. The short documentary talked to the founders of the service (PO Skåne), their clients and Personal Ombudsmen.

- Mapping Exclusion report:

Mapping Exclusion aimed to present information about the state of de-institutionalisation and community living for persons with mental health problems across Europe. Executive summaries of the report are now available in several languages, and are available on MHE's website.



Spanish translation of MHE's Mapping Exclusion report.

4

Financial report for 2013

MHE's income for 2013 came from two main sources: European Commission funding within the framework of the operational grant under the PROGRESS programme of DG Employment and Social Affairs which brought the most revenue and membership fees. A couple of generous donations were also received.

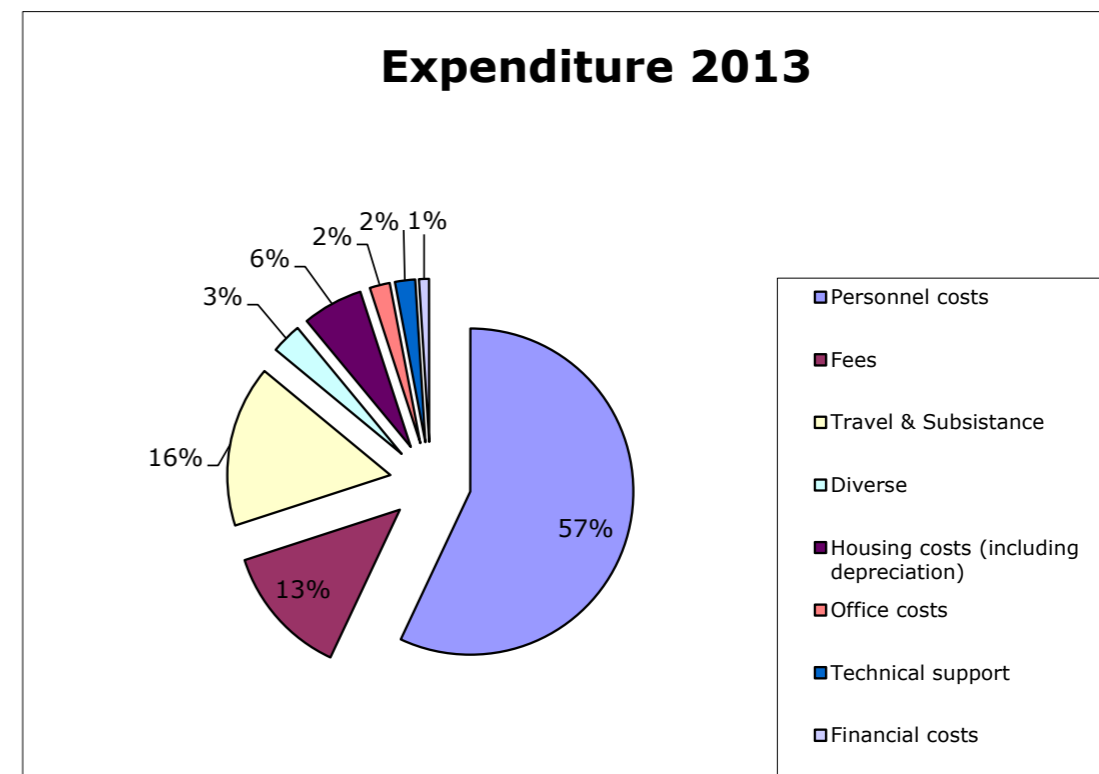
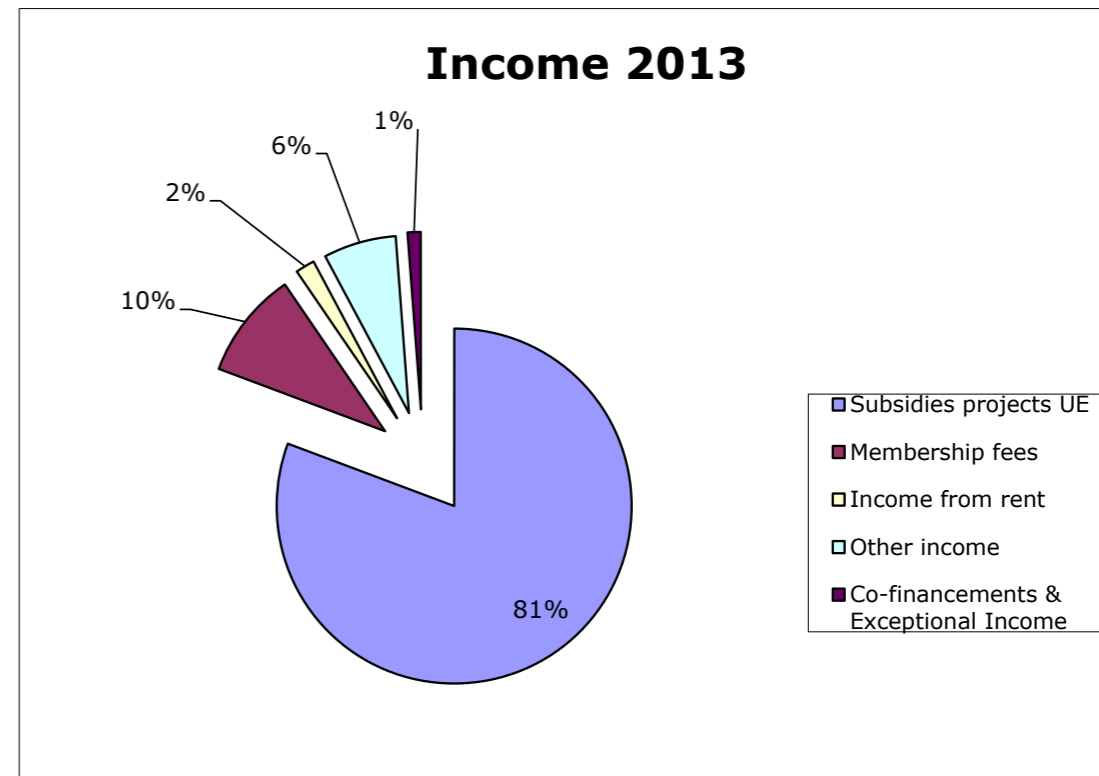
This year, MHE started to implement our new fundraising strategy, with the aim of ensuring more diversified sources of income in order to further promote the independence and sustainability of the organisation. This work will be continued. MHE will however remain true to its ethos and only seek grants, subsidies and donations consistent with MHE's values.

Membership fees represented 10 % of our funding, an increase from previous years thanks to several new members joining us in 2013, and we are pleased that more applications keep coming in. Also, during the General Assembly of June 2013, the membership of MHE agreed to a proposal of the Board to raise membership fees with 15 percent. This was not only necessary to make

the financial situation of MHE more sustainable, but it also ensures that MHE is carried more by the membership. The Board considers the support of the GA as a sign of renewed commitment of the members to a strong MHE.

Our income allowed us to carry out our ambitious work programme successfully. This year, a specific focus was made to take our communication activities even further, thus reaching out to a wider audience. In particular, we launched a completely new and interactive website, and we continued our innovative video advocacy by producing three short films which illustrate models of best practice in mental health in a way that is accessible to all. We also increased the number of capacity-building trainings for our members as well as for MHE staff and prepared two capacity-building seminars for public authorities, e.g. on how to implement DI strategies in practice..

While undertaking many and varied activities, and thanks to a vigilant approach to spending, MHE managed to ensure that income and expenditures for 2013 were balanced.



5

Who is Who in Mental Health Europe

MHE Board 2012-2015

President:

Nigel Henderson, UK

Vice-President:

Rita Donabauer, Austria

Treasurer:

Marleen Barth, GGZ Nederland,
The Netherlands

Secretary:

Marita Ruohonen, Finland

Member without portfolio:

Vicente Ibanez Rojo, Spain
 Kristijan Grdan, Croatia
 Birgit Görres, Germany
 Nace Kovac, Slovenia
 Paulo Mendes, Portugal
 Pino Pini, Italy
 Dimitris Tataridis, Greece
 Jan Van Speybroeck, Belgium
 Svetlana Varjun, Estonia
 Stephanie Wooley, France



MHE Board member Birgit Görres makes a statement at the General Assembly.

Membership and accreditation committee

Chair: Josée van Remoortel,
Senior Policy Adviser

Inge Schöck, Germany
 Claude Deutsch, France
 Colette Versporten, Belgium
 Joseph Borg, Malta

Coordinator from MHE

Secretariat: Emilija Borchers

Finance Committee

Chair: Marleen Barth, The Netherlands

Marita Ruohonen, Finland

Josée van Remoortel, Belgium

**Committee on Mental Health
and Human Rights**

Chair: Josée van Remoortel,
MHE Senior Policy Adviser

Claude Deutsch, France
 Kristijan Grdan, Croatia
 Vicente Ibanez Rojo, Spain
 Jasna Russo, Germany
 Gabriela Tanasan, Romania

Coordinator from
MHE Secretariat:

Gabor Petri



MHE member Amedeea Enache and Policy Officer Gabor Petri at the ESTUAR conference.

Senior Policy Advisers

Bob Grove
Stijn Jannes
Elisabeth Muschik
Jan Pfeiffer
Josée van Remoortel

MHE Secretariat

Director:

Maria Nyman (until March 2013)
Karina Huberman (Acting Director as from March 2013)

Policy Officers:

Paulina Banas
Yves Brand
Olga Kozhaeva
Gabor Petri

Communications Manager:

Silvana Enculescu

Director's Assistant and

Office Manager:

Emilija Borchers



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MHESME

Mental Health Europe

